

# EXHIBIT H

DC-46 VOTE SHEET		Commonwealth of Pennsylvania Department of Corrections				Staffing Date 8/28/19		Facility Rockview		
Number GP6788		Inmate Name Tucker, Hassan		VPI/PAI Scores N/A		CL/Code(s) 3(ST)Y		OVRT CAT 2		
True Min N/A		Cont. Min. Life		RRRI Min N/A		Cont. Max Life		PV Max N/A		
RST 6.00 (Med)		TCT 7.00 (High)		Detainer Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		HIQ 49.00 (Low)		CSSM 2.00 (Low)		
Stability Code C										
<p><b>Sentence Length:</b> Life</p> <p><b>Current Offense(s):</b> Murder (1<sup>st</sup> Degree); Possessing Instrument Of Crime; Carry Firearm In Public-Philadelphia</p> <p>Hassan Tucker, age 35, is being reviewed for placement on the Restricted Release List (RRL). He is also being reviewed for the addition of program code H.</p> <p>Since his reception to the DOC on 4/11/2006, inmate Tucker has shown a poor adjustment. He has accumulated 26 misconducts including three recent assault misconducts on 8/20/2017, 1/22/2018, and 8/1/2019. On 8/20/17 inmate Tucker assaulted inmate MW1735 Lovelings by stabbing him in the back and neck with a weapon. Inmate Lovelings was transported to Wilkes Barre General Hospital. On 1/22/2018 inmate Tucker was observed assaulting inmate KD1145 Swan by striking him in the face. Inmate Swan was also restrained by a sheet that was tied to the cell bars and attached to his feet and wrists. On 8/1/2019 inmate Tucker was observed removing a weapon from his pocket and striking inmate NR7816 Robertson several times before turning to inmate NQ1404 Heath cutting him with the same weapon. Both inmates required sutures. For more details see attached security report and memo.</p> <p>The Unit Team agrees that RRL and program code H are appropriate due to Inmate Tucker's recent violent actions and he remains a threat to the security of the institution while in general population.</p>										
Comments are encouraged for "YES" votes & Required for "NO" votes.		Purpose 1 Restricted Release List			Purpose 2 Addition of program code H			Purpose 3		
		Y	N	Comments	Y	N	Comments	Y	N	Comments
Problematic? Include reason why in comment section(s)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Counselor/Date R. Bonself 8/28/19		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Work Supervisor		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Corrections Officer		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Unit Manager/Date S. Pasquale 8/28/19		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Psychologist/Date		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
CCPM/Date T. Miller 9/3/19		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Sec. Capt./Date		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Major/Date H. Haldeman 9/3/19		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
DSCS/Date M. House 9/3/19		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
DSFM/Date G. McMahon 9/5/19		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Signature of Superintendent/Designee M. Garman								Date 9-5-19		
Purpose 1: Restricted Release List				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
Purpose 2: Addition of program code H				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
Purpose 3:				<input type="checkbox"/> Y <input type="checkbox"/> N						

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## Restricted Release List Placement/Annual RRL Review/Removal Request

<input checked="" type="checkbox"/> Request Placement on Restricted Release List	<input type="checkbox"/> Request Removal from Restricted Release List
<input type="checkbox"/> Annual Review on Restricted Release List	<input type="checkbox"/> Request Continuation on Restricted Release List

Inmate Name: Tucker, Hassan DOC# GP6788

Unit Manager: S. Rao	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature: S. Rao	Date: 8/28/17
Rationale: [REDACTED]			

CCPM: T. MILLER	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature: T. Miller	Date: 9/3/17
Comments: [REDACTED]			

DSCS: [REDACTED] Housley	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature: [REDACTED]	Date: 9/3/17
Comments: [REDACTED]			

DSFM:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature: [REDACTED]	Date: 9/3/17
Comments: [REDACTED]			

Facility Manager: M. GARMAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature: M. Garman	Date: 9-5-17
Comments: [REDACTED]			

Regional Deputy Secretary: T. L. [REDACTED]	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature: T. L. [REDACTED]	Date: 9/18/17
Comments: [REDACTED]			

Executive Deputy Secretary: [REDACTED]	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature: [REDACTED]	Date: 9-25-17
Comments: [REDACTED]			

Secretary: [REDACTED]	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature: [REDACTED]	Date: 11/15/17
Comments: [REDACTED]			

cc: Facility Manager for requesting facility  
Office of Population Management

Wingard  
Garman  
Brown

Bickel  
Wood  
Sahel

Christiana  
Brundt  
Robinette

Hobart  
11/18/17  
JSH